

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000006709 (7)**

1. Corporation Name

ACADEMY MOVING & STORAGE, INC.



Principal Place of Business 6590 W 5TH ST PENTHOUSE 1-D JACKSONVILLE FL 32254 US	Mailing Address 6590 W 5 ST PENTHOUSE 1-D JACKSONVILLE FL 32254 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/18/1994

4. FEI Number

59-3224428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MOSS, MARVIN I
20801 BISCAYNE BLVD., #506
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ARPIN, DAVID	
STREET ADDRESS	99 JAMES P. MURPHY HWY	
CITY-ST-ZIP	WEST WARWICK RI	

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ARPIN, PAUL	
STREET ADDRESS	99 JAMES P. MURPHY HWY.	
CITY-ST-ZIP	WEST WARWICK RI	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CALDWELL, ROBERT E	
STREET ADDRESS	99 JAMES P MURPHY HWY	
CITY-ST-ZIP	WEST WARWICK RI	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL F. KILLBRAN	
1.3 STREET ADDRESS	99 JAMES P. MURPHY HWY	
1.4 CITY-ST-ZIP	WEST WARWICK, RI 02893	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL F. KILLBRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98

401-828-8111

Date

Daytime Phone

00403700

CR2E034 (10/97)